



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Workforce Solutions
Bureau of Workforce Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
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Workforce Policy Development Section

BWP OPERATIONS MEMO

No.: 01-72

File: 2720
2745

Date: 11/08/2001

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **MA – HOME MAINTENANCE ALLOWANCE**

CROSS REFERENCE: MA Handbook, Appendixes 10.7.0, 10.7.2, 15.3.1 and 30.5.0

EFFECTIVE DATE: 10/01/2001

PURPOSE

This Memo describes a change in the home maintenance allowance and provides instructions for correctly calculating patient liability and cost share amounts.

BACKGROUND

If an institutionalized person has a home or apartment, s/he is allowed a deduction from monthly income to maintain it if **both** of these 2 conditions are met:

1. A physician certifies that the person is likely to return to his/her home within 6 months; **and**
2. The person's spouse is not living in the home.

The deducted amount is in addition to the personal needs allowance. Allowable shelter costs include mortgage, rent, property taxes (including special assessments), home or renters insurance, utilities (heat, water, sewer, electricity) and other incidental costs. The deduction is allowed for no more than 6 months. However, if a person is discharged and is later readmitted into an institution, a 6-month continuance can be granted if a physician again certifies that it is likely s/he will return home within 6 months.

NEW POLICY

Effective 10-1-01, the maximum home maintenance allowance increased from the SSI payment level (\$591.67) to the SSI payment level plus the E supplement (\$710.77).

CARES

CARES will not be modified to reflect this change until January 2002. It may therefore be necessary to make adjustments in CARES in order to correctly calculate monthly patient liability and cost share obligations.

We have requested that a change to CARES be made to:

1. Use the correct amount for the home maintenance allowance.
2. Allow the home maintenance allowance for no more than a 6-month period.

PROCESS

If a client is eligible for a home maintenance allowance, total all of the client's allowable shelter costs. Depending on the total monthly cost, follow the appropriate instructions below.

1. If the total monthly cost is \$591.67 per month or less, CARES will correctly calculate the liability or cost share.
2. If the total monthly cost exceeds \$710.77 per month, enter \$119.10 on the CARES Support Payment screen (AFSP). \$119.10 is the difference between the SSI payment level and the SSI payment level plus the E supplement. \$710.77 is the maximum amount allowed to maintain a home or apartment.
3. If the total monthly cost is between \$591.67 and \$710.77 per month, subtract \$591.67 from the total cost and enter the result on AFSP.
4. In situations described above in numbers 2 and 3:
 - a. If the individual already has a guardianship or other court-ordered support obligation entered on AFSP, use [PF 16] for a new screen.
 - b. Enter the begin month (MMYY) in the begin date field (the effective date of this policy is 10/1/01), choose "GA" as the support type, and key "Y" in the court ordered field.
 - c. Follow instructions described above in numbers 2 and 3 for determining the entry in obligation and payment amount fields.

On the liability screen (EIPL), the additional home maintenance amount will appear as "Special Exempt Income" and will reduce the patient liability or cost share obligation appropriately. On the Expected Changes screen (ACEC), enter the date the six-month period ends or 2/1/02, whichever is earlier. Include an instruction to correct the home maintenance allowance by deleting the expense amount, 'AE' deleting the AFSP screen and running/confirming eligibility. CARES should be modified to correctly apply the maximum allowed amount for the March 2002 benefit month.

If you determine that a client's patient liability or cost share amount was incorrect for previous months, follow the above instructions and run eligibility with dates in the parms. This will decrease the obligation amount retroactively and generate a notice to the client. Running with dates will automatically send the decrease in liability amount through the CARES/MMIS interface.

No manual 3070 should be sent.

CONTACTS:

DES CARES Information & Problem Resolution Center

Email: carpolcc@dwd.state.wi.us
Phone: 608-261-6317 (Option #1)
Fax: 608-266-8358

Note: Email contacts are preferred. Thank you.